



Docket No.: 37998-237519  
(PATENT)

IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Christoph Hock et al.

Appln. No. 10/554,314

Filed: April 19, 2006

For: METHOD OF MONITORING  
IMMUNOTHERAPY

Confirmation No.: 2670

Art Unit : 1649

Examiner: To Be Assigned

Atty. Docket No. 37998-237479

Customer No.

26694

PATENT TRADEMARK OFFICE

**RESPONSE TO RESTRICTION REQUIREMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement as set forth in the Office Action of May 3, 2007, Applicants elect Group I. Group I contains claims 1-10 and 18, drawn to a method of monitoring an immunotherapy in a subject suffering a neurodegenerative disease.

It is not believed that any fees are due with the filing of this paper. In the event that any such fees are due, the Office is authorized to charge deposit account no. 22-0261 and notify the undersigned accordingly.

Dated: June 1, 2007

Respectfully submitted,

By Kavita B. Lepping  
Kavita B. Lepping

Registration No.: 54,262  
VENABLE LLP  
P.O. Box 34385  
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Attorney/Agent For Applicant



<div>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div><b>FEE TRANSMITTAL</b> <b>For FY 2007</b></div>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/554,314-Conf. #2670
		Filing Date	April 19, 2006
		First Named Inventor	Christoph Hock
		Examiner Name	C. Y. Wang
		Art Unit	1649
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	0.00
		Attorney Docket No.	37998-237479

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
_____ - 20 = _____		x _____	= _____		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.				_____			
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 3 = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____				
<b>4. OTHER FEE(S)</b>							
<b>Fees Paid (\$)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

<b>SUBMITTED BY</b>			
Signature	<u>Kavita B. Lepping</u>	Registration No. (Attorney/Agent)	54,262
Name (Print/Type)	Kavita B. Lepping	Telephone	(202) 344-4000
		Date	June 1, 2007